# Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:1 of 60

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF GEORGIA	=	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

06/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself					
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on	Robert				
	your government-issued picture identification (for example, your driver's	First name		First name		
	license or passport).	Middle name	_	Middle name		
	Bring your picture	Crowell				
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	_	Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years	•				
	Include your married or maiden names.					
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3838				

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4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.	
	Include trade names and doing business as names	Business name(s)	Business name(s)	
		EIN	EIN	
5.	Where you live		If Debtor 2 lives at a different address:	
		1073 Well Street NE Townsend, GA 31331		
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code	
		McIntosh County	County	
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.	
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code	
6.	Why you are choosing this district to file for	Check one:	Check one:	
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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Debtor 1 **Robert Crowell** Case number (if known) Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When District Case number, if known Debtor Relationship to you When Case number, if known District

# 11. Do you rent your residence?

■ No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition. Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Case number (if known) Page:4 of 60

12.	Are you a sole proprietor				
	of any full- or part-time business?	■ No.	Go to	art 4.	
		☐ Yes.	Name	nd location of business	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	f business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	r, Street, City, State & ZIP Code	
	it to this petition.		Chec	he appropriate box to describe your business:	
				Health Care Business (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51E	3))
				Stockbroker (as defined in 11 U.S.C. § 101(53A))	
				Commodity Broker (as defined in 11 U.S.C. § 101(6))	
				None of the above	
Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as proceed under Subchapter V you are choosing to proceed are cash-flow statement, and federal \$\ 1116(1)(B).		r Chapter 11, the court must know whether you are a small inhapter V so that it can set appropriate deadlines. If you indicting proceed under Subchapter V, you must attach your most reand federal income tax return or if any of these documents if filing under Chapter 11.	cate that you are a small business debtor or cent balance sheet, statement of operations, do not exist, follow the procedure in 11 U.S.C.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	Code	ng under Chapter 11, but I am NOT a small business debtor	
		☐ Yes.		ng under Chapter 11, I am a small business debtor accordin choose to proceed under Subchapter V of Chapter 11.	g to the definition in the Bankruptcy Code, and
		☐ Yes.		ng under Chapter 11, I am a debtor according to the definition to proceed under Subchapter V of Chapter 11.	on in § 1182(1) of the Bankruptcy Code, and I
Par	Report if You Own or	Have Any	Hazardo	s Property or Any Property That Needs Immediate Atten	tion
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to public health or safety?		What is	e hazard?	
	Or do you own any property that needs immediate attention?			te attention is hy is it needed?	
	For example, do you own perishable goods, or livestock that must be fed.		Where is	he property?	

Debtor 1

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Robert Crowell Case number (if known)

_ 0.0	1100011 01011011					
Par	6: Answer These Quest	ions for Rep	orting Purposes			
16.	What kind of debts do you have?	i	ndividual primarily for a person			ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
			Are your debts primarily but money for a business or investigation.			
		I	☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c. 5	State the type of debts you or	we that are not consu	mer debts or busines	s debts
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter	7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and		am filing under Chapter 7. Dare paid that funds will be ava			erty is excluded and administrative expenses
	administrative expenses		□ No			
	are paid that funds will be available for		□Yes			
	distribution to unsecured creditors?					
18.	How many Creditors do you estimate that you owe?	<b>1</b> -49		<b>1</b> ,000-5,000	)	□ 25,001-50,000
		☐ 50-99		<b>5001-10,000</b>	0	<b>5</b> 0,001-100,000
		<b>1</b> 00-199		<b>1</b> 0,001-25,0	000	☐ More than100,000
		200-999	)			
19.	How much do you	<b>\$0 - \$50</b>	),000	□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	□ \$50,00°	- \$100,000	\$10,000,00		□ \$1,000,000,001 - \$10 billion
			01 - \$500,000 01 - \$1 million		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		<b>—</b> \$500,00				
20.	How much do you estimate your liabilities	□ \$0 - \$50	),000	<u></u> \$1,000,001		☐ \$500,000,001 - \$1 billion
	to be?		1 - \$100,000	□ \$10,000,00°		□ \$1,000,000,001 - \$10 billion
		_ :	01 - \$500,000 01 - \$1 million		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		ш фооо,ос			· 	·
Par	Sign Below					
For	you	I have exa	mined this petition, and I dec	lare under penalty of	perjury that the inform	nation provided is true and correct.
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.
			ey represents me and I did n I have obtained and read the			t an attorney to help me fill out this
		I request re	elief in accordance with the c	hapter of title 11, Unit	ed States Code, spec	cified in this petition.
		bankruptcy and 3571.	case can result in fines up t			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Robert C			Signature of Debtor	• 2
		Signature				
		Executed of	September 5, 2022		Executed on	
			MM / DD / YYYY		MM	/ DD / YYYY

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For your attorney, if you are represented by one

Debtor 1

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James B. Smith	Date	September 5, 2022
Signature of Attorney for Debtor		MM / DD / YYYY
James B. Smith 122069		
James B. Smith, Attorney at Law, LLC		
15618 U.S. Highway 17		
Townsend, GA 31331		
Number, Street, City, State & ZIP Code		
Contact phone (912)832-2395	Email address	james@jbsmithlawfirm.com
122069 GA		
Bar number & State		<del></del>

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Fill	in this information to identify your case:		3.5	
Deb	otor 1 Robert Crowell			
Deb	First Name Middle Name Last Name  otor 2			
	Suuse if, filing) First Name Middle Name Last Name			
Unit	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA			
	se number	Γ		if this is an ded filing
Sul Be a	ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Informates complete and accurate as possible. If two married people are filing together, both are equally respond remation. Fill out all of your schedules first; then complete the information on this form. If you are filing reoriginal forms, you must fill out a new Summary and check the box at the top of this page.	sible for	supplyin	
Part	t 1: Summarize Your Assets			
			Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	35,700.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$	35,700.00
Part			·	
ran	Callinia iso (Cal sassimos		Your lie	abilities
				you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule.	ıle D	\$	27,344.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$	16,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$	51,722.00
	Your total liab	bilities	\$	95,066.00
Part	t 3: Summarize Your Income and Expenses	L		
4.	Schedule I: Your Income (Official Form 106I)			
4.	Copy your combined monthly income from line 12 of Schedule I		\$	7,274.69
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	6,588.00
Part	t 4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court	with you	r other sch	nedules.
7.	■ Yes What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual prima household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	arily for a	personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Ch	eck this l	box and si	ubmit this form to

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the court with your other schedules.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

11,815.42

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	ıim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	16,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	16,000.00

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Fill in this infor	mation to identify your ca	ase and this filing:			_
Debtor 1	Robert Crowell				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT OF G	GEORGIA		
Case number					☐ Check if this is an
			<del></del>		amended filing
Official Fo	rm 106A/B				
_		- m4- a			
	e A/B: Prope				12/15
		items. List an asset only once.			
		e as possible. If two married per separate sheet to this form. Or			
Answer every ques			, , , , , , , , , , , , , , , , , , , ,	,,	,
Part 1: Describe	Each Residence, Building,	Land, or Other Real Estate You	Own or Have an Interest In		
1. Do you own or	have any legal or equitable i	nterest in any residence, build	ing, land, or similar property?		
■ No. Go to Pa	rt 2				
☐ Yes. Where i					
L 103. Where i	is the property:				
Part 2: Describe	Your Vehicles				
Do you own loo	so or have legal or equit	able interest in any vehicle	a whathar thay are regist	arad ar nat? Include enviv	obiolog you own that
		, also report it on Schedule G			eriicies you own that
3. Cars, vans, tr	ucks, tractors, sport utili	ty vehicles, motorcycles			
□ No					
■ Yes					
3.1 Make:	Volkswagen	Who has an interest in	n the property? Check one		laims or exemptions. Put
-	Passat	Debtor 1 only			ed claims on Schedule D: ims Secured by Property.
_	2015	Debtor 2 only		Current value of the	Current value of the
Approxima	te mileage: 1530		r 2 only	entire property?	portion you own?
Other infor	mation:	At least one of the d	lebtors and another		
	n: 1073 Well Street NE,			\$7,500.00	\$7,500.00
Townser	nd GA 31331	Check if this is cor (see instructions)	nmunity property	— \$7,500.00 —————————————————————————————————	\$7,500.00
		(666 mondono)			
0.0 M.	Toyota	Miles Inc. of the control of the con		Do not deduct secured of	laims or exemptions. Put
-	Toyota Sienna	<u> </u>	n the property? Check one	the amount of any secur	ed claims on Schedule D:
Wodel.		Debtor 1 only		Creditors Who Have Cla	ims Secured by Property.
Year: Approxima	<b>2012</b> te mileage: <b>2070</b>	Debtor 2 only	- O h	Current value of the entire property?	Current value of the portion you own?
Approximate Other infort		Debtor 1 and Debtor ☐ At least one of the d		entire property?	portion you own?
	n: 1073 Well Street NE,		lediois and another		
	nd GA 31331	☐ Check if this is cor	mmunity property	\$5,000.00	\$5,000.00
		(see instructions)	·· ····· · · · · · · · · · · · · · · ·		

Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:11 of 60 Debtor 1 **Robert Crowell** Case number (if known) Do not deduct secured claims or exemptions. Put Nissan 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Rogue Creditors Who Have Claims Secured by Property. Model: Debtor 1 only Year: 2013 Debtor 2 only Current value of the Current value of the 104000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Location: 1073 Well Street NE, \$9,000.00 \$9,000.00 **Townsend GA 31331** ☐ Check if this is community property (see instructions) Ford Do not deduct secured claims or exemptions. Put 3.4 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: F250 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2000 Year: Debtor 2 only Current value of the Current value of the 130000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Location: 1073 Well Street NE. \$4,000.00 \$4,000.00 Townsend GA 31331 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one Make: Gravely Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: zero turn mower ■ Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Year: 2016 Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Location: 1073 Well Street NE, ☐ Check if this is community property \$1,500.00 \$1,500.00 Townsend GA 31331 (see instructions) 4.2 Make: Who has an interest in the property? Check one Seadoo Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 750 ■ Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Year: 2003 Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Daughter and Son in Law are in ☐ Check if this is community property \$1,500.00 \$1,500.00 possession and pay the (see instructions) monthly payment 4.3 Make: Yamaha Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:

Creditors Who Have Claims Secured by Property.

Current value of the

\$2,500.00

portion you own?

Current value of the

\$2,500.00

entire property?

■ Debtor 1 only

Debtor 2 only

(see instructions)

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this is community property

**Golf Cart** 

Location: 1073 Well Street NE,

2013

**Townsend GA 31331** 

Other information:

Model:

Year:

Deb		obert Crowell	#:1 Filed:09/05/22 Entered:09/05 	ase number (if known)	age:12 of 60
4.4	Make:	Sailfish	Who has an interest in the property? Check one		claims or exemptions. Put ured claims on Schedule D:
	Model: Flats Boat		■ Debtor 1 only	Creditors Who Have C	laims Secured by Property.
	Year:	1999	Debtor 2 only	Current value of the	Current value of the
			Debtor 1 and Debtor 2 only	entire property?	portion you own?
		formation:	At least one of the debtors and another	40.000.00	<b>***</b>
		on: 1073 Well Street NE, send GA 31331	☐ Check if this is community property (see instructions)	\$2,000.00	\$2,000.00
			wn for all of your entries from Part 2, including ar that number here		\$33,000.00
Part	3: Descri	be Your Personal and Household I	tems		
			nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E		goods and furnishings Major appliances, furniture, linens scribe	s, china, kitchenware		
E	_		deo, stereo, and digital equipment; computers, printe media players, games	rs, scanners; music collec	ctions; electronic devices
_	■ No □ Yes. De	scribe			
			, prints, or other artwork; books, pictures, or other art ollectibles	t objects; stamp, coin, or b	paseball card collections;
_	■ No □ Yes. De	scribe			
E		for sports and hobbies Sports, photographic, exercise, a musical instruments	nd other hobby equipment; bicycles, pool tables, gol	f clubs, skis; canoes and	kayaks; carpentry tools;
	Yes. De	scribe			
	Firearms Examples ■ No ] Yes. De	: Pistols, rifles, shotguns, ammun	nition, and related equipment		
	l Yes. De Clothes	scribe			
_	Examples  No Yes. De		coats, designer wear, shoes, accessories		
_	_ ′	: Everyday jewelry, costume jewe	elry, engagement rings, wedding rings, heirloom jewe	elry, watches, gems, gold,	silver
	■ No I Yes. De	scribe			
	Non-farm Examples No Yes. De	: Dogs, cats, birds, horses			
			s you did not already list including any health aid	le vou did not list	

■ No

De	btor 1 Robert Cre		Case number (if known)	Page.13 01 60
	☐ Yes. Give specific	information		
15.			Part 3, including any entries for pages you have attached	\$0.00
Pai	t 4: Describe Your Fin	ancial Assets		
Do	you own or have an	y legal or equitable interest in	n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	ou have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your peti	ion
			ounts; certificates of deposit; shares in credit unions, brokerage s with the same institution, list each.	houses, and other similar
	Yes		Institution name:	
		17.1. Checking	Wells Fargo	\$2,500.00
		17.2.	Bank of America	\$200.00
		s, or publicly traded stocks ds, investment accounts with bro	okerage firms, money market accounts name:	
	joint venture	stock and interests in incorp	orated and unincorporated businesses, including an intere	st in an LLC, partnership, and
	■ No □ Yes. Give specific	information about them Name of entity:	 % of ownership:	
	Negotiable instrumer	nts include personal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. cansfer to someone by signing or delivering them.	
	☐ Yes. Give specific i	nformation about them Issuer name:		
	Retirement or pension Examples: Interests in No.		403(b), thrift savings accounts, or other pension or profit-sharing	ı plans
	☐ Yes. List each acco	ount separately.  Type of account:	Institution name:	
		sed deposits you have made so	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compa	nies, or others
	☐ Yes		Institution name or individual:	
	No	t for a periodic payment of mono	ey to you, either for life or for a number of years)	

Official Form 106A/B Schedule A/B: Property page 4

Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:14 of 60 Debtor 1 Robert Crowell Case number (if known) 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own?

		claims or exemptions.
	Tax refunds owed to you  ■ No □ Yes. Give specific information about them, including whether you already filed the returns and the tax years	
29.	Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settle	ement

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No
□ Yes. Give specific information...

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

■ No

■ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Do not deduct secured

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:15 of 60 Debtor 1 Robert Crowell Case number (if known) 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2,700.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$33,000.00 57. Part 3: Total personal and household items, line 15 \$0.00 58. Part 4: Total financial assets, line 36 \$2,700.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 60. Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$35,700.00 Copy personal property total \$35,700.00

Official Form 106A/B Schedule A/B: Property page 6

\$35,700.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

#### Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:16 of 60

Fill in this inforn	nation to identify your	case:			
Debtor 1	Robert Crowell				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT	OF GEORGIA		
Case number (if known)				☐ Check if this is an amended filing	

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only on	e box for each exemption.	
2015 Volkswagen Passat 153000 miles	\$7,500.00	<b>.</b>	\$2,666.00	O.C.G.A. § 44-13-100(a)(6)
Location: 1073 Well Street NE, Townsend GA 31331 Line from <i>Schedule A/B</i> : 3.1			f fair market value, up to licable statutory limit	
2000 Ford F250 130000 miles Location: 1073 Well Street NE.	\$4,000.00	<b>-</b>	\$4,000.00	O.C.G.A. § 44-13-100(a)(3)
Townsend GA 31331 Line from Schedule A/B: 3.4			f fair market value, up to licable statutory limit	
2016 Gravely zero turn mower Location: 1073 Well Street NE,	\$1,500.00	<b>=</b>	\$1,500.00	O.C.G.A. § 44-13-100(a)(6)
Townsend GA 31331 Line from Schedule A/B: 4.1			f fair market value, up to licable statutory limit	
2013 Yamaha Golf Cart Location: 1073 Well Street NE,	\$2,500.00	<b>.</b>	\$2,500.00	O.C.G.A. § 44-13-100(a)(6)
Townsend GA 31331 Line from Schedule A/B: 4.3			f fair market value, up to licable statutory limit	
1999 Sailfish Flats Boat Location: 1073 Well Street NE,	\$2,000.00		\$2,000.00	O.C.G.A. § 44-13-100(a)(6)
Townsend GA 31331 Line from Schedule A/B: 4.4			f fair market value, up to licable statutory limit	

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Debtor 1	Ro	bert Crowell	Case number (if known)	
	•	claiming a homestead exemption of more than \$189,050? o adjustment on 4/01/25 and every 3 years after that for cases filed on o	r after the date of adjustment.)	
	No			
	Yes.	Did you acquire the property covered by the exemption within 1,215 day	s before you filed this case?	
		No		
		Yes		

C	<u> ase:22-2</u>	0300-MJK	Doc#:1	Filed:09/05/22	Entere	<u>:d:09/05/22 16:</u>	: <u>43</u> :26	Page::	18 of 60
Fill in thi	s information	n to identify you	ır case:					_	
Debtor 1	R	obert Crowell							
		st Name	Middle	e Name L	ast Name				
Debtor 2									
(Spouse if, f	iling) Fire	st Name	Middle	e Name L	ast Name				
United St	ates Bankrup	tcy Court for the	SOUTHE	RN DISTRICT OF GEOR	RGIA				
Case nur	nher								
(if known)								☐ Check	if this is an
								amend	ded filing
Officia	Form 10	)ED							
			\A/I= = 1.1	01-! 0		l la D	_		
Sche	dule D:	Creditors	wno H	ave Claims So	ecured	by Property	<u>y</u>		12/15
	copy the Addi			people are filing together, e entries, and attach it to t					
1. Do any o	reditors have	claims secured b	y your property	<i>1</i> ?					
	o. Check this	box and submit t	his form to the	court with your other sc	hedules. Yo	ou have nothing else to	o report on t	his form.	
■ Ye	es. Fill in all of	f the information	below.						
Part 1:	List All Sec	ured Claims							
			more than one o	secured claim, list the credito	or congratoly	Column A	Column B		Column C
for each cl	aim. If more the	an one creditor has	a particular cla	im, list the other creditors in		Amount of claim	Value of co		Unsecured
much as p	ossible, list the	claims in alphabeti	cal order accord	ding to the creditor's name.		Do not deduct the value of collateral.	that suppo	rts this	portion If any
2.1 <b>Bri</b>	dgecrest		Describe the	property that secures the	claim:	\$13,489.00	\$9	,000.00	\$4,489.00
Cred	itor's Name		<b>I</b>	an Rogue 104000 mi					
730	00 East Han	npton		1073 Well Street NE,	,				
	enue			I GA 31331 e you file, the claim is: Che	ock all that				
	ite 100		apply.	•	tok ali tilat				
Me	sa, AZ 8520	<u> </u>	Contingen	t					
Num	ber, Street, City, S	State & Zip Code	Unliquidat	ed					
Who owe	s the debt? O	hook one	☐ Disputed	n. Check all that apply.					
_		neck one.	_						
■ Debtor	,		car loan)	nent you made (such as mo	rtgage or sec	urea			
☐ Debtor	•		_ ′						
_	1 and Debtor 2	,		ien (such as tax lien, mecha	nic's lien)				
_		otors and another		lien from a lawsuit					
	if this claim re nunity debt	elates to a	U Other (inc	luding a right to offset)					
		Opened							
		02/22 Last							
Date debt	was incurred	Active 7/27/22	Last 4	digits of account number	1601				

Date debt was incurred 7/27/22

Last 4 digits of account number

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Debtor 1 Robert Crowell		Case number (if known)			
First Name	Middle N	lame Last Name			
2.2 Model Finance	e Company	Describe the property that secures the claim:	\$1,764.00	\$1,500.00	\$264.00
Creditor's Name		2003 Seadoo 750			·
		Daughter and Son in Law are in			
		possession and pay the monthly			
		payment			
765 The City D	r. South	As of the date you file, the claim is: Check all that			
Orange, CA 92		apply.  Contingent			
Number, Street, City, S	state & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only		car loan)			
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim re	elates to a	Other (including a right to offset)			
community debt					
	Opened				
	06/18 Last				
	Active				
Date debt was incurred	8/26/22	Last 4 digits of account number 0424	4		
2.3 Texas Dealer S	Solutions	Describe the property that secures the claim:	\$7,257.00	\$5,000.00	\$2,257.00
Creditor's Name		2012 Toyota Sienna 207000 miles			
		Location: 1073 Well Street NE,			
		Townsend GA 31331			
4210 Industria	l Dr	As of the date you file, the claim is: Check all that apply.			
Austin, TX 787	'44	Contingent			
Number, Street, City, S	state & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only		car loan)			
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim re community debt	elates to a	Other (including a right to offset)			
	0				
	Opened 06/22 Last				
	Active				
Date debt was incurred	7/11/22	Last 4 digits of account number 550	I		
	-,,=				

# Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:20 of 60

Debtor 1 Robert Crowell		Case number (if known)		
First Name	liddle Name Last Name	•		
2.4 U S Auto Finance, Inc.	Describe the property that secures the claim:	\$4,834.00	\$7,500.00	\$0.00
Attn: Bankruptcy 824 North Market St., Suite 220 Wilmington, DE 19801	2015 Volkswagen Passat 153000 miles Location: 1073 Well Street NE, Townsend GA 31331  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated			
Who owes the debt? Check one.	Disputed  Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and an ☐ Check if this claim relates to a community debt	Statutory lien (such as tax lien, mechanic's lien other  Judgment lien from a lawsuit  Other (including a right to offset)	)		
Opened 02/18 L Date debt was incurred Active (	ast	9		
	es in Column A on this page. Write that number here: n, add the dollar value totals from all pages.	\$27,344.0 \$27,344.0		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	Case:22	2-20300-MJK	Doc#:1	Filed:09/05/22	Entered:09	9/05/22 16:43	:26	21 of 60
Fill	in this informa	ation to identify your	case:					
Deb	otor 1	Robert Crowell						
		First Name	Middle	e Name I	Last Name	_		
	otor 2	First Name	NA: al all	- N	Last Name			
(Spo	use if, filing)	First Name	Middle	e Name	Last Name			
Uni	ted States Bank	cruptcy Court for the:	SOUTHE	RN DISTRICT OF GEO	RGIA			
Cas	se number							
	own)						☐ Check	if this is an
							amend	led filing
Οtα	iaial Famos	400E/E						
	icial Form		lha Hav	ra Illianaariirad C	·laima			40/4E
				re Unsecured C			DIODITY II. II.	12/15
Sche left. name	edule D: Creditor Attach the Conti e and case numb	s Who Have Claims Sec nuation Page to this pag	ured by Prop je. If you hav	(Official Form 106G). Do not berty. If more space is nearly to report to the control of the cont	eded, copy the Part	you need, fill it out, n	umber the entries i	n the boxes on the
1.	Do any creditors	s have priority unsecure	d claims aga	ainst you?				
	☐ No. Go to Par	t 2.						
	Yes.							
2.	identify what type possible, list the Part 1. If more the	e of claim it is. If a claim ha claims in alphabetical ord an one creditor holds a pa	as both priorit er according t irticular claim	r has more than one priority y and nonpriority amounts, io the creditor's name. If you, list the other creditors in P ctions for this form in the ins	list that claim here a u have more than two Part 3.	nd show both priority a	nd nonpriority amoun	ts. As much as
	7						amount	amount
2.1		Revenue Service		Last 4 digits of account i	number	\$16,000.00	\$15,000.00	\$1,000.00
	Priority Cred			When was the debt incur	rred?			
		e, KY 40293						
		eet City State Zip Code		As of the date you file, th	ne claim is: Check a	II that apply		
	Who incurred	the debt? Check one.		☐ Contingent				
	Debtor 1 on	ly		☐ Unliquidated				
	Debtor 2 on	ly		☐ Disputed				
	Debtor 1 and	d Debtor 2 only		Type of PRIORITY unsec	ured claim:			
	☐ At least one	of the debtors and anothe	er	☐ Domestic support oblig	gations			
	☐ Check if thi	s claim is for a commu	nity debt	■ Taxes and certain othe	er debts you owe the	government		
	Is the claim su	bject to offset?		☐ Claims for death or per	rsonal injury while yo	u were intoxicated		
	■ No			☐ Other. Specify				
	☐ Yes							
Par	t 2: List All	of Your NONPRIORIT	Y Unsecur	ed Claims				
		s have nonpriority unse						
	-			nis form to the court with you	ur other schedules.			
	Yes.							
4.	unsecured claim,	list the creditor separatel	y for each cla	alphabetical order of the c im. For each claim listed, id creditors in Part 3.If you hav	lentify what type of c	laim it is. Do not list cla	ims already included	in Part 1. If more

Total claim

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	Robert Crowell			
4.1	1st Franklin Financial	Last 4 digits of account number	3407	\$16,113.00
	Nonpriority Creditor's Name 95 Altama Connector		Opened 09/20 Last Active	
	PO Box 459	When was the debt incurred?	04/22	
	Brunswick, GA 31525		<u> </u>	
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Money Loa	ned	
		— Other: opeony		
4.2	Acima Credit Nonpriority Creditor's Name	Last 4 digits of account number	1335	\$1,742.00
	9815 South Monroe Street		Opened 07/19 Last Active	
	4th Floor	When was the debt incurred?	1/10/20	
	Sandy, UT 84070	_		
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	ig plans, and other similar debts	
	☐ Yes	Other. Specify Lease		
4.3	AES	Last 4 digits of account number	4019	\$5,440.00
	Nonpriority Creditor's Name  Attn: Bankruptcy	When was the debt incurred?	Opened 02/22	
	Po Box 64378			
	St. Paul, MN 55164	_		
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	

☐ Yes

Other Specify Dealership

**Collection Attorney Budget Handicap Van** 

Debtor	Case:22-20300-MJK Doc#:1 1 Robert Crowell		ed:09/05/22 16:43:26 Page: Case number (if known)	23 of 60
4.4	Americollect, Inc	Last 4 digits of account number	182A	\$1,006.00
	Nonpriority Creditor's Name 1851 S Alverno Road Manitowoc, WI 54221	When was the debt incurred?	Opened 05/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection Group	Attorney Emergency Resources	
4.5	Caine & Weiner	Last 4 digits of account number	2446	\$513.00
	Nonpriority Creditor's Name Attn: Bankruptcy 5805 Sepulveda Blvd	When was the debt incurred?	Opened 07/17	
	Sherman Oaks, CA 91411  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Progressive	
4.6	Capital Bank N.A.  Nonpriority Creditor's Name	Last 4 digits of account number	2375	\$97.00
	2275 Research Blvd. Ste 600 Rockville, MD 20850	When was the debt incurred?	Opened 12/13/18 Last Active 06/19	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:24 of 60 Case number (if known) Debtor 1 Robert Crowell 4.7 Citibank Last 4 digits of account number 8064 \$263.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/18 Last Active P.O. Box 790034 When was the debt incurred? 8/19/19 St Louis, MO 63179 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Line ☐ Yes 4.8 **Credit Collection Services** Last 4 digits of account number 7723 \$1,082.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 11/21 Last Active 725 Canton St When was the debt incurred? 10/21 Norwood, MA 02062 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collection Attorney Liberty Mutual In. Co.

4.9 **Credit One Bank** Last 4 digits of account number \$443.00 7156 Nonpriority Creditor's Name

Attn: Bankruptcy Department Po Box 98873

Las Vegas, NV 89193

Number Street City State Zip Code

Who incurred the debt? Check one.

■ Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

■ No ☐ Yes

Opened 08/21 Last Active 05/22

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

lacksquare Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card

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Attn: Bankruptcy	Last 4 digits of account number	7085	\$24
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 230609	When was the debt incurred?	Opened 5/13/20	
Montgomery, AL 36123	_		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical		
Mid-Atlantic Finance Company	Last 4 digits of account number	1103	\$10,26
Nonpriority Creditor's Name	_	0 140/04/00 1 14 4 1	
4592 Ulmerton Road Suite 200	When was the debt incurred?	Opened 10/24/20 Last Active 3/21/22	
Clearwater, FL 33762	when was the dept incurred?	3/21/22	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
Yes	Other. Specify Automobile	9	
Midland Funding, LLC	Last 4 digits of account number	7120	\$88
Nonpriority Creditor's Name		0	
Attn: Bankruptcy Po Box 939069	When was the debt incurred?	Opened 02/18	
San Diego, CA 92193			
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	aus. agroomon or arrordo that you did not	

■ No

☐ Yes

Other Specify Bank N.A.

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

**Factoring Company Account Credit One** 

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Debt	or 1 Robert Crowell		Case number (if known)	
4.1	Nelson Cruz	Last 4 digits of account number	0300	\$1,352.00
	Nonpriority Creditor's Name Attn: Bankruptcy 9535 Forest Lane Suite 114 Dallas, TX 75243	When was the debt incurred?	Opened 1/31/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	s: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did	d not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify 12 Katapult		
4.1 4	Security Credit Services  Nonpriority Creditor's Name	Last 4 digits of account number	1863	\$891.00
	Attn: Bankruptcy Po Box 1156 Oxford, MS 38655	When was the debt incurred?	Opened 06/21 Last Active 03/21	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt	Student loans	ration agreement or divorce that you did	4 4
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did	a not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.1 5	Security Credit Services	Last 4 digits of account number	1863	\$891.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1156 Oxford. MS 38655	When was the debt incurred?	Opened 06/21 Last Active 2/25/21	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	□ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did	d not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	

☐ Yes

■ Other. Specify Collection Attorney Tempoe Llc

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Debtor 1 Robert Crowell Case number (if known)

	TROBUIT OF	Olivon		0 400				
6 LL	_C	ortfolio Management,	Last 4 digits of account number	4537		\$10,498.00		
At Po	onpriority Cred ttn: Bankr o Box 7680	uptcy 09	When was the debt incurred?	Open 9/17/1	ed 06/16 Last Active 9	-		
		s, CA 90054 City State Zip Code	As of the date you file, the claim	is: Check	all that apply			
Wh	no incurred t	he debt? Check one.						
	Debtor 1 only	у	☐ Contingent					
	Debtor 2 onl	у	☐ Unliquidated					
	Debtor 1 and	d Debtor 2 only	☐ Disputed					
		of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
	Check if this	s claim is for a community	☐ Student loans					
del	bt	bject to offset?	Obligations arising out of a sep report as priority claims	aration agr	eement or divorce that you did not			
	No		Debts to pension or profit-shari	ng plans, a	nd other similar debts			
	Yes		Other. Specify Automobil	e defici	ency	-		
Part 3:	List Others	s to Be Notified About a De	bt That You Already Listed					
is trying to	to collect from	m you for a debt you owe to se	about your bankruptcy, for a debt that omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1 o	or 2, then list the collection agenc	y here. Similarly, if you		
Name and A	Address		On which entry in Part 1 or Part 2 did yo	u list the or	iginal creditor?			
•	& Winter L	LLC	Line <u>4.16</u> of ( <i>Check one</i> ):	☐ Part 1: C	Creditors with Priority Unsecured Cla	ims		
PO Box 1	100150 GA 30061	1_0019		■ Part 2: Creditors with Nonpriority Unsecured Claims				
wai ietta,	GA 30001	1-9910	Last 4 digits of account number	57	cs			
Name and A	Address Revenue S	Service	• • • • • • • • • • • • • • • • • • • •	n which entry in Part 1 or Part 2 did you list the original creditor?  ne 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims				
PO Box 7					creditors with Priority Unsecured Cia Creditors with Nonpriority Unsecured			
Philadelp	ohia, PA 1	9101-7346	Last 4 digits of account number	⊒ Fait 2. C	reditors with Nonphonity Onsecured	Ciairis		
Name and A		Magistrate Court	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):					
	h Way Sui				Creditors with Nonpriority Unsecured			
Darien, G	SA 31305		Last 4 digits of account number					
Name and A		Magiatrata Caurt	On which entry in Part 1 or Part 2 did yo		=			
PO Box 4	458	Magistrate Court	<del></del>		Creditors with Priority Unsecured Cla Creditors with Nonpriority Unsecured			
Darien, G	5A 313U5		Last 4 digits of account number	57	cs			
Part 4:	Add the Ar	nounts for Each Type of U	nsecured Claim					
	amounts of one		ims. This information is for statistical	reporting	purposes only. 28 U.S.C. §159. Ad	d the amounts for each		
					Total Claim			
Total	6a.	Domestic support obligation	s	6a.	\$	-		
claims from Part 1	6b.	Taxes and certain other debt	s you owe the government	6b.	\$ 16,000.00			
	6c.		injury while you were intoxicated	6c.	\$ 0.00	-		
	6d.	Other. Add all other priority un	secured claims. Write that amount here.	6d.	\$ 0.00	_		
	6e.	Total Priority. Add lines 6a the	rough 6d.	6e.	\$ 16,000.00	-		

Total Claim

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	Ouse in	arriber (ii kilowii)	
	6f.	\$	0.00
at	6g.	\$	0.00
S	6g. 6h.	\$	0.00
	6i.	\$	51,722.00

51,722.00

	6f.	Student loans
Total claims		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	6h.	Debts to pension or profit-sharing plans, and other similar debts
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.
	6j.	Total Nonpriority. Add lines 6f through 6i.

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Fill in this infor	Fill in this information to identify your case:						
Debtor 1	Robert Crowell						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF GEORGIA				
Case number (if known)				☐ Check if this is a amended filing	n		

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	O't-		04-4-	7ID 0 - 4 -	_
2.3	City		State	ZIP Code	
2.3	N				<u> </u>
	Name				
					<u></u>
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.4	City		State	ZIF Code	
2.4	Name				_
	INAILIE				
					_
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<del></del>
	. 10201	2001			
	City		State	ZIP Code	<del>_</del>

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Fill in this in	formation to identify your	case:	COPE ENCOROR	1 ago. 30 01 00
Debtor 1	Robert Crowell			
Dobtor 2	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States	s Bankruptcy Court for the:	SOUTHERN DISTRICT	OF GEORGIA	
Case numbe	r			
(if known)				☐ Check if this is an amended filing
Official I	Form 106H			
	le H: Your Cod	ebtors		12/15
1. Do yo  1. Do yo  No Yes  2. Withir Arizona, No. G Yes. C  3. In Columin line 2	nd case number (if known) u have any codebtors? (If your the last 8 years, have you California, Idaho, Louisiana, to to line 3. Did your spouse, former spouse, former spouse, and 1, list all of your codebt again as a codebtor only i	Answer every question you are filing a joint case, of lived in a community property Nevada, New Mexico, Publish, or legal equivalent live ors. Do not include your fithat person is a guaran	do not list either spouse  operty state or territor erto Rico, Texas, Washi with you at the time?  spouse as a codebtor tor or cosigner. Make	<b>y?</b> (Community property states and territories include
out Colu	umn 2.		die 9 (Omeiai i om 10	Column 2: The creditor to whom you owe the debt
Nan	ne, Number, Street, City, State and Zl	P Code		Check all schedules that apply:
3.1				☐ Schedule D, line
Na	me			☐ Schedule E/F, line
				☐ Schedule G, line
Nu Cit <u>y</u>	mber Street y	State	ZIP Code	
3.2				☐ Schedule D, line
Nai	me			Schedule E/F, line
				☐ Schedule G, line
	mber Street			_
City	у	State	ZIP Code	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill in this informa	ation to identify your case:	
Debtor 1	Robert Crowell	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA	
Case number (If known)		Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo	orm 106l	13 income as of the following date:

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation tug boat captain **Paraprofessional** Include part-time, seasonal, or **East Coast Stevedoring McIntosh County Board of** self-employed work. Employer's name Education Company Occupation may include student or homemaker, if it applies. **Employer's address** 21 East Broad Street 1100 CA Devillars Road Savannah, GA 31401 Darien, GA 31305 How long employed there? 2 years 3 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,666.67 2. 5,855.20 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3,293.55 0.00 Calculate gross Income. Add line 2 + line 3. \$ 9,148.75 2,666.67

Official Form 106I Schedule I: Your Income page 1

Debtor 1		Robert Crowell	-	С	ase number (if ki	nown)			
				ì	For Debtor 1			Debtor 2 or a-filing spous	se
	Cop	y line 4 here	4.	_	\$ 9,148	3.75	\$	2,666.	67
5.	List	all payroll deductions:							
	5a. 5b. 5c. 5d. 5e.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5a. 5b. 5c. 5d. 5e.		\$ <u>(</u>	6.79 3.33 0.00 7.67 9.94	\$_ \$_ \$_ \$_		00 00 00
6.	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5f. 5g. 5h. 6.	.+	\$	0.00 0.00 0.00	\$ \$ + \$ \$	0.	00 00 00
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ <u>5,40</u>		\$ \$	1,533.	
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends	8a. 8b.		\$	0.00	\$_ \$_	0.	00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				0.00	» \$		<u>00                                   </u>
	8d.	Unemployment compensation	8d.			0.00	\$	0.	00
	8e. 8f.	Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8e. 8f.			0.00	\$_ \$		<u>00                                   </u>
	8g.	Pension or retirement income	8g.		·	0.00	\$	0.	00
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$	0.00	+ \$	0.	00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$_		0.00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	5,741.02	+ \$_	1,	533.67	7,274.69
11.	<ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.         Specify:         11. +\$         0.0     </li> </ol>							0.00	
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12. \$ <b>Com</b>	7,274.69
13.	Do y	you expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?					mon	thly income

Official Form 106l Schedule I: Your Income page 2

T-HII	in this informs	tion to identify yo				I		
		tion to identify yo	our case.					
Deb	tor 1	Robert Crow	ell				c if this is:	
Deb	tor 2					_	An amended filing A supplement shov	ving postpetition chapter
(Spo	ouse, if filing)						3 expenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the	: SOUTH	ERN DISTRICT OF GEOR	RGIA	<u></u>	MM / DD / YYYY	
1	e number							
(If k	nown)							
Of	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	nses				12/15
Be info	as complete a	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this				
Par 1.	t 1: Descr Is this a joir	ibe Your House	hold					
١.	No. Go to							
	_		in a separ	ate household?				
	□N		•					
	□ Y	es. Debtor 2 mus	st file Offic	al Form 106J-2, Expenses	for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Granddaughte	er	6	■ Yes
					Davashtan		22	□ No
					Daughter		33	■ Yes □ No
					Wife		53	■ Yes
								□ No
								☐ Yes
3.		enses include f people other t	han <b>I</b>	No				
		d your depende		Yes				
Par	t 2: Estim	ate Your Ongoi	na Month	lv Expenses				
Est exp	imate your ex	penses as of ye	our bankr	uptcy filing date unless y y is filed. If this is a supp				
Inc	lude expense	s paid for with	non-cash	government assistance i	f you know			
the	value of such	n assistance an		cluded it on Schedule I: \			Your exp	enses
(Oi	ficial Form 10	oi. <i>)</i>					Tour exp	
4.		or home owners		ses for your residence. I or lot.	nclude first mortgage	e 4. \$		1,200.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
			•	upkeep expenses		4c. \$		50.00
5.		owner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
J.	Auditional	norigage payilli	onto ioi y	our residence, such as no	me equity loans	э. ф		0.00

	Robert Crowell	Case num	ber (if known)	
Utilit	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	360.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	650.00
6d.	Other. Specify:	6d.	\$	0.00
	d and housekeeping supplies		\$	1,113.00
	dcare and children's education costs	8.	\$	50.00
	ning, laundry, and dry cleaning	9.	\$	200.00
			\$	
	onal care products and services	10.	· —	225.00
	cal and dental expenses	11.	\$	300.00
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	350.00
	ot include car payments.		·	
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	itable contributions and religious donations	14.	\$	100.00
Insu				
	ot include insurance deducted from your pay or included in lines 4 or 20.	45.	Φ.	
	Life insurance	15a.		0.00
	Health insurance	15b.	·	0.00
15c.	Vehicle insurance	15c.	\$	565.00
15d.	Other insurance. Specify:	15d.	\$	0.00
Taxe	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec		16.	\$	0.00
	Illment or lease payments:			
	Car payments for Vehicle 1	17a.	\$	465.00
	Car payments for Vehicle 2	17b.	\$	410.00
	Other. Specify: attorney fees (Custody and Support issues with		<u> </u>	710.00
170.		17c.	\$	300.00
174	granddaughter Other Specific		·	
	Other. Specify:	17d.	<b>&gt;</b>	0.00
	payments of alimony, maintenance, and support that you did not report as	18.	¢	0.00
dedu	acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	·	
	r payments you make to support others who do not live with you.		\$	0.00
Spec		19.	_	
	r real property expenses not included in lines 4 or 5 of this form or on Sche			
	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	r: Specify: wife's credit cards	21.	+\$	200.00
010	wile's credit cards		Γ	200.00
Calc	ulate your monthly expenses			
22a.	Add lines 4 through 21.		\$	6,588.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	Add line 22a and 22b. The result is your monthly expenses.		\$	6 500 00
220.	muu iino 22a anu 22b. The result is your monthly expenses.		Ψ	6,588.00
Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,274.69
	Copy your monthly expenses from line 22c above.	23b.	*	6,588.00
23a.	Copy youording expended from mile 220 above.	200.		0,300.00
23a.				
23a. 23b.	Subtract your monthly expenses from your monthly income			
23a. 23b.	Subtract your monthly expenses from your monthly income.  The result is your monthly not income.	23c	\$	686.69
23a. 23b.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	686.69
23a. 23b. 23c.	The result is your monthly net income.			686.69
23a. 23b. 23c.		ou file this	form?	
23a. 23b. 23c. <b>Do y</b>	The result is your monthly net income.  ou expect an increase or decrease in your expenses within the year after your	ou file this	form?	
23a. 23b. 23c. <b>Do y</b>	The result is your monthly net income.  ou expect an increase or decrease in your expenses within the year after your expenses, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage?	ou file this	form?	

Fill in this infor	mation to identify your	case:			
Debtor 1	Robert Crowell	ouoc.			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF GEORGIA		
Case number					
(if known)					☐ Check if this is an amended filing
Official Forr	-	an Individual	Debterle Ce	ah adulaa	
Declarat	ion About a	ın individuai	Debtor's So	cnedules	12/15
Sign	n Below				
Did you pa	y or agree to pay some	one who is NOT an atto	rney to help you fill out I	bankruptcy forms?	
■ No					
☐ Yes. N	Name of person				cy Petition Preparer's Notice, Signature (Official Form 119)
•	lty of perjury, I declare e true and correct.	that I have read the sum	nmary and schedules file	ed with this declaration and	d
X /s/ Roh	ert Crowell		X		
	Crowell		Signature of	Debtor 2	
Signatu	re of Debtor 1				
Date :	September 5, 2022		Date		

Deb	otor 1	Robert Crowell					
		First Name	Middle Name	Last Name			
	otor 2 use if, filing)	First Name	Middle Name	Last Name			
Unit	ted States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT (	OF GEORGIA			
	ica Glates Bai	initiapitely Court for the.	OOOTTIERRY DIOTRIOT	or oconomic			
Case number (if known)						Check if this is an amended filing	
	ficial Fo		Affairs for Individ	duals Filing for B	sankruptcy	04/2	
info	rmation. If m		attach a separate sheet to		equally responsible for su y additional pages, write yo		
Par	t 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before			
1.	What is your current marital status?						
	<ul><li>■ Married</li><li>□ Not mar</li></ul>	ried					
2.	During the last 3 years, have you lived anywhere other than where you live now?						
	□ No						
	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.						
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there	
	1390 Hillri Darien, G	dge Drive SE A 31305	From-To: <b>Jan 20 thru J</b> a <b>21</b>	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:	
	■ No □ Yes. Ma	es include Arizona, Ca	llifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	nity property state or territor ico, Texas, Washington and N		
4.	Fill in the total	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		endar years?	
	□ No ■ Yes. Fill	in the details.					
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$74,358.88	☐ Wages, commissions, bonuses, tips		
			☐ Operating a business		☐ Operating a business		

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last caler anuary 1 to		r 31, 2021 )	■ Wages, commissions, bonuses, tips	\$75,000.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
	r the calen anuary 1 to		efore that: r 31, 2020 )	■ Wages, commissions, bonuses, tips	\$120,000.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
	and other winnings.  List each	public ben If you are f	efit payments; iling a joint cas the gross inco	ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat	est; dividends; money colle rou received together, list it	cted from lawsuits; only once under De	royalties; and ebtor 1.	
	00.	1 111 111 1110 1	iotano.	Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain P	ayments You	Made Before You Filed for I	Bankruptcy			
6.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?  No. Go to line 7.  Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.  Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.							
		During th	e 90 days befo	ore you filed for bankruptcy, di	d you pay any creditor a tot	al of \$600 or more?		
		■ No.	Go to line 7					
		□ <sub>Yes</sub>	include pay	each creditor to whom you pai vments for domestic support ol r this bankruptcy case.				
	Creditor	's Name aı	nd Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	ayment for

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	■ No								
	☐ Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you		this payment			
В.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cos		ments or transfer a	iny property o	on account of a d	ebt that benefited an			
	No								
	☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount yo still ov		this payment ditor's name			
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures							
	List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number	Nature of the case	Court or agency	n suits, patern	Status of the	,			
	1st Franklin Financial v. Robert Crowell 22-142CS	Suite on a note	McIntosh County Magistrate Court 310 North Way PO Box 101 Darien, GA 31305		☐ On appe	■ Pending □ On appeal □ Concluded			
	Westlake Financial Services v. Robert Crowell 22-157CS	suite on a note	McIntosh Coun Magistrate Cou 310 North Way PO Box 101 Darien, GA 313	ırt	Pending On appe	eal			
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		rty repossessed, f	oreclosed, ga	arnished, attache	d, seized, or levied?			
	Creditor Name and Address	Describe the Property		D	ate	Value of the			
	Grounds Hame and Addition	Explain what happened				property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No								
	Yes. Fill in the details.								
	Creditor Name and Address	Describe the action the creditor took  Date taken				Amount			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was **Address** payment **Email or website address** made Person Who Made the Payment, if Not You Pre filing credit counseling July 20th 2022 \$25.00 in Charge debt solutions 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made

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Case number (if known)

Debtor 1

Robert Crowell

<ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, oth transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on you include gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>									
	Person Who Received Transfer Address Person's relationship to you		Description and very property transfer		р	Describe any property or layments received or debts laid in exchange	Date transfer was made		
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-p.  No Yes. Fill in the details.			ny property to a	self-s	settled trust or similar device o	of which you are a		
	Name of trust		Description and v	alue of the prop	erty	transferred	Date Transfer was made		
Pai	t 8: List of Certain Financial Accounts, In	nstrun	nents, Safe Deposi	t Boxes, and Sto	orage	Units			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		st 4 digits of count number	Type of accou instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  No								
	Yes. Fill in the details.  Name of Financial Institution		Who else had acc	ooss to it?	Door	cribe the contents	Do you still		
	Address (Number, Street, City, State and ZIP Code)		Address (Number, S State and ZIP Code)		Desc	cribe the contents	Do you still have it?		
22.	Have you stored property in a storage unit	or pla	ace other than your	r home within 1	year I	before you filed for bankruptc	y?		
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)		Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Desc	cribe the contents	Do you still have it?		
Pai	t 9: Identify Property You Hold or Contro	l for S	Someone Else						
23.	Do you hold or control any property that so for someone.	omeo	ne else owns? Incl	ude any propert	y you	ı borrowed from, are storing fo	or, or hold in trust		
	Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)		Where is the prop (Number, Street, City, S Code)		Desc	cribe the property	Value		
Pai	t 10: Give Details About Environmental In	forma	ition						
For	the purpose of Part 10, the following definit	tions a	apply:						

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	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.									
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.									
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	ort a	III notices, releases, and proceedings th	at you know about, regardless of when	they occurred.						
24.	Has	any governmental unit notified you tha	t you may be liable or potentially liable ι	under or in violation of an environm	ental law?					
		No Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Hav	re you notified any governmental unit of	any release of hazardous material?							
		No Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Hav	re you been a party in any judicial or adr	ninistrative proceeding under any enviro	onmental law? Include settlements	and orders.					
		No Yes. Fill in the details.								
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	t 11:	Give Details About Your Business or	Connections to Any Business							
27.	Witl	hin 4 years before you filed for bankrup	tcy, did you own a business or have any	of the following connections to any	y business?					
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
		No. None of the above applies. Go to I	Part 12.							
		Yes. Check all that apply above and fill	I in the details below for each business.							
		siness Name	Describe the nature of the business	Employer Identification numbe						
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security	number or IIIN.					
				Dates business existed						
28.		hin 2 years before you filed for bankrupt citutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Incl	ude all financial					
		No								
		Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)									
	(IAII)	mber, oneet, only, state and AIF Code)								

Part 12: Sign Below

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Debtor 1 Robert Crowell Case number (# known)

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert Crowell	
Robert Crowell	Signature of Debtor 2
Signature of Debtor 1	
Date September 5, 2	2022 Date
Did you attach additiona	I pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
No	
☐ Yes	
Did you pay or agree to p	pay someone who is not an attorney to help you fill out bankruptcy forms?
No	
☐ Yes. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:						
Debtor 1	Robert Crowell					
Debtor 2 (Spouse, if filing)						
United States E	Bankruptcy Court for the: S	outhern District of Georgia				
Case number (if known)						

Check as directed in lines 17 and 21:							
	According to the calculations required by this Statement:						
1. Disposable income is not determined 11 U.S.C. § 1325(b)(3).							
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ■ Not married. Fill out Column A. lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 2,666.67 9,148.75 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

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Debtor 1 Robert Crowell Case number (if known)

				Column A		Column B		
				Debtor 1		Debtor 2 o		
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the the Social Security Act. Instead, list it here:	amount received was a b	enefit under					
	For you		0.00					
	For your spouse		0.00					
	Pension or retirement income. Do not include benefit under the Social Security Act. Also, except include any compensation, pension, pay, an United States Government in connection with a disability, or death of a member of the uniformer pay paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to wife tetired under any provision of title 10 other that	ept as stated in the next so inuity, or allowance paid be disability, combat-related d services. If you received that pay only to the ext hich you would otherwise	entence, do by the injury or d any retired ent that it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed abo Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, p United States Government in connection with a disability, or death of a member of the uniformer sources on a separate page and put the total be	ve. Specify the source ar Social Security Act; paym inst humanity, or internati bay, annuity, or allowance disability, combat-related d services. If necessary, li	ents onal or paid by the injury or					
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if	any.	+	\$	0.00	\$	0.00	
	Calculate your total average monthly income each column. Then add the total for Column A to Determine How to Measure Your Deduction	o the total for Column B.	for \$	9,148.75	+ \$	2,666.67	Tota	1,815.42
							ф <b>4</b>	4 045 40
13.	Copy your total average monthly income from Calculate the marital adjustment. Check one:						\$1	1,815.42
	You are not married. Fill in 0 below.							
	☐ You are married and your spouse is filing w	with you. Fill in 0 below.						
	You are married and your spouse is not fili	ng with you.						
	Fill in the amount of the income listed in lin dependents, such as payment of the spous							
	Below, specify the basis for excluding this adjustments on a separate page.		f income dev	oted to each	n purpos	e. If necessary	, list additi	onal
	If this adjustment does not apply, enter 0 b	elow.	\$					
			\$		_			
			·					
	Total		\$	0.0	<u> </u>	opy here=>		0.00
14.	Your current monthly income. Subtract line	13 from line 12.					\$1	1,815.42
15.	Calculate your current monthly income for 15a. Copy line 14 here=>	-	•				<sub>\$1</sub>	1,815.42

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Debit	יות -	I/Or	Jert Growen		Case number (ii known)		
		М	ultiply line 15a by 12 (the number of months in	a year).		<b>x</b> 12	
	15b	o. Tl	ne result is your current monthly income for the	year for this part	of the form.	\$141,78	5.04
16.	Calc	ulate	the median family income that applies to y	ou. Follow these	steps:		
	16a.	Fill i	n the state in which you live.	GA	_		
	16b.	Fill i	n the number of people in your household.	4			
		To fi	n the median family income for your state and s nd a list of applicable median income amounts uctions for this form. This list may also be avail	, go online using	the link specified in the separate	\$96,622	2.00
17.			he lines compare?				
	17a.		Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N				ed under
	17b.		Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calcu</b> your current monthly income from line 14 al	llation of Your D bove.	isposable Income (Official Form 122C-2		
Part	3:	Ca	Iculate Your Commitment Period Under 11	U.S.C. § 1325(b)(	(4)		
18.	Cop	y yoı	ur total average monthly income from line 1	1.		\$ 11,8	315.42
19.	conte	end t	the marital adjustment if it applies. If you are that calculating the commitment period under 1 income, copy the amount from line 13.	married, your spo	ouse is not filing with you, and you		
	19a.	If the	e marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19b.	Sub	tract line 19a from line 18.			\$11,815	5.42
20.	Calc	ulate	your current monthly income for the year.	Follow these ste	ps:		
	20a.	Cop	y line 19b			\$11,81	5.42
		Mult	iply by 12 (the number of months in a year).			<b>x</b> 12	
	20b.	The	result is your current monthly income for the ye	ear for this part of	the form	\$ 141,785	5.04
	20c.	Cop	y the median family income for your state and s	size of household	from line 16c	\$96,622	2.00
	21.	How	do the lines compare?				
			Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the	court, on the top of page 1 of this form, ch	neck box 3, The comm	nitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise or	dered by the court, on the top of page 1 of	this form, check box 4	4, The
Part			gn Below				
	•		g here, under penalty of perjury I declare that the	he information on	this statement and in any attachments is	true and correct.	
<b>X</b>			ert Crowell				
			Crowell re of Debtor 1				
	Date		ptember 5, 2022				
	If vo		1 / DD / YYYY cked 17a, do NOT fill out or file Form 122C-2.				
	If you checked 17h, do NOT fill out or file Form 1220-2.  If you checked 17h, fill out Form 1220-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.						

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Debtor 1 Robert Crowell

Case number (if known)

Fill in	this information to i	dentify your case:				
Debto	r 1 Robert Cr	owell				
Debto	r 2 se, if filing)					
United	l States Bankruptcy C	ourt for the: Southern Distric	ct of Georgia			
Case r (if kno	number wn)			☐ Check	κ if this is an amende	d filing
	ı Form 122C-2 pter 13 Calc	culation of Your	Disposable In	icome		04/22
	out this form, you wi itment Period (Offici	II need your completed copy al Form 122C-1).	y of Chapter 13 Stateme	nt of Your Current Monthly	Income and Calculati	on of
Be as o	complete and accura	ate as possible. If two marrie separate sheet to this form, ir name and case number (if	Include the line number			
Part 1	Calculate Your	Deductions from Your Inco	ome			
the	questions in lines 6-	ervice (IRS) issues National -15. To find the IRS standard e available at the bankruptcy	ds, go online using the li			
exp	enses if they are high	unts set out in lines 6-15 rega er than the standards. Do not ict any amounts that you subtr	include any operating exp	enses that you subtracted from	om income in lines 5 an	
If yo	our expenses differ fro	om month to month, enter the a	average expense.			
Note	e: Line numbers 1-4 a	re not used in this form. These	e numbers apply to inform	ation required by a similar fo	orm used in chapter 7 ca	ises.
5.	The number of peo	ple used in determining you	ur deductions from incor	me		
	plus the number of a	people who could be claimed any additional dependents who e in your household.			4	
Nat	ional Standards	You must use the IRS N	ational Standards to answ	er the questions in lines 6-7.		
6.		d other items: Using the number dollar amount for food, clothing		in line 5 and the IRS Nationa	al \$	1,900.00
7.	the dollar amount for people who are 65 o	th care allowance: Using the rout-of-pocket health care. The older-because older people amount, you may deduct the	ne number of people is spl e have a higher IRS allowa	it into two categoriespeople ince for health car costs. If yo	who are under 65 and	

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Debtor 1	Robert Crowell	Case number (if known)	
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People who are under 65 years of age		
7a. Out-of-pocket health care allowance per person	\$75_	
7b. Number of people who are under 65	X4	
7c. <b>Subtotal.</b> Multiply line 7a by line 7b.	\$ \$ Copy here=> \$ 300.	.00
People who are 65 years of age or older		
7d. Out-of-pocket health care allowance per person	\$ 153	
7e. Number of people who are 65 or older	x <b>0</b>	
7f. Subtotal. Multiply line 7d by line 7e.	\$ 0.00 Copy here=> \$ 0.	.00_
7g. <b>Total.</b> Add line 7c and line 7f	\$ 300.00 Copy total h	\$300.00_
Local Standards You must use the IRS Local Standards to	answer the questions in lines 8-15.	
Based on information from the IRS, the U.S. Trustee Progbankruptcy purposes into two parts:	ram has divided the IRS Local Standard for housing fo	r
■ Housing and utilities - Insurance and operating expens	es	
■ Housing and utilities - Mortgage or rent expenses		
To answer the questions in lines 8-9, use the U.S. Trustee separate instructions for this form. This chart may also b 8. Housing and utilities - Insurance and operating experiments in the dollar amount listed for your county for insurance as	e available at the bankruptcy clerk's office.  nses: Using the number of people you entered in line 5, fill	·
9. Housing and utilities - Mortgage or rent expenses:		
<ol> <li>Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses</li> </ol>	↑ 1 NQQ	.00
9b. Total average monthly payment for all mortgages a	nd other debts secured by your home.	
To calculate the total average monthly payment, and contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.		
Name of the creditor	Average monthly payment	
-NONE-	\$	
9b. Total average monthly paymen	\$Copy here=> -\$	<b>0.00</b> Repeat this amount on line 33a.
9c. Net mortgage or rent expense.		
Subtract line 9b (total average monthly payment) from or rent expense). If this number is less than \$0, ent		opy ere=> \$1,088.00
<ol> <li>If you claim that the U.S. Trustee Program's division affects the calculation of your monthly expenses, fill Explain why:</li> </ol>		\$

Debtor 1	Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26  1 Robert Crowell Case number (if known)									Page:49 of 60		
11.	Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.											
	□ 0. Go to line 14.											
	☐ 1. Go to line 12.											
	2 or more. Go to line 12.											
12.		operation expense: Ug expenses, fill in the O									534.00	
13.	You may	ownership or lease ex y not claim the expense an two vehicles.										
Ve	hicle 1	Describe Vehicle 1:		n Rogue 104 end GA 3133		es Location:	: 107	3 Well	Street			
13a.	Ownersh	nip or leasing costs usin	ig IRS Local St	andard				\$	588.00			
13b.	Ŭ	e monthly payment for all notude costs for leased		d by Vehicle 1.								
	are cont	late the average month ractually due to each se tcy. Then divide by 60.					nt					
	Naı	me of each creditor fo	r Vehicle 1		Average monthly payment							
	Bri	idgecrest			\$							
		Total /	Average Month	ly Payment	\$	260.78	Co <sub>l</sub>	oy e => -\$	260	Repeat this amount on line 33b.		
13c.		icle 1 ownership or leas tline 13b from line 13a.	•	is less than \$0	, enter \$0	·		\$	327.22	Copy net Vehicle 1 expense here => \$	327.22	
Ve	hicle 2	Describe Vehicle 2:	2000 Ford I Townsend		miles L	ocation: 107	73 W	ell Stre	et NE,	_		
13d.	Ownersh	nip or leasing costs usin	ng IRS Local St	andard				\$	588.00			
13e.	Average leased v	e monthly payment for all rehicles.	ll debts secure	d by Vehicle 2.	Do not ir	nclude costs for	r					
	Naı	me of each creditor fo	r Vehicle 2		Averag paymer	e monthly nt						
	-NO	ONE-			\$							
		Total a	average month	ly payment	\$	0.00	Copher =>	-	0.0	Repeat this amount on line 33c.		
13f.	Net Veh	icle 2 ownership or leas	se expense							Copy net		
	Subtract	line 13e from line 13d.	if this number	is less than \$0	, enter \$0			\$	588.00	Vehicle 2 expense here => \$	588.00	
14.		ransportation expense Transportation expens								_ n the \$	0.00	

Official Form 122C-2

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

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Debtor 1 Robert Crowell Case number (if known)

	er Necessary Expenses	the following IRS cate		s listed above	, ,	5 101		
16.	self-employment taxes, soc	cial security taxes, and owever, if you expect to om the total monthly ar	Medicare taxes o receive a tax	s. You may ind refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	2,709.79	
17.	Involuntary deductions: To contributions, union dues, a Do not include amounts that	and uniform costs.			quires, such as retirement	\$	583.33	
18.	filing together, include payn	nents that you make for or life insurance on you	r your spouse's	s term life insu	e insurance. If two married people are trance. I spouse's life insurance, or for any form	\$	0.00	
19.	Court-ordered payments: administrative agency, such	h as spousal or child su	upport payment	s.	by the order of a court or  You will list these obligations in line 35.	\$	0.00	
20		* —						
20.	<b>Education:</b> The total month as a condition for your joint as a c		y ioi education	triat is eitrier	required.			
	■ for your physically or mentally challenged dependent child if no public education is available for similar services.							
21.	Childcare: The total month Do not include payments fo	\$ \$	0.00					
22.	Additional health care expected that is required for the health by a health savings account Payments for health insural	\$	350.00					
23.	Optional telephone and te for you and your dependent phone service, to the exten income, if it is not reimburse Do not include payments for							
					ount you previously deducted.	+\$	0.00	
24.	Add all of the expenses a Add lines 6 through 23.	llowed under the IRS	expense allow	vances.		\$	9,233.34	
Add	litional Expense Deduction				ne Means Test. s listed in lines 6-24.			
25.					<b>ises.</b> The monthly expenses for health ly necessary for yourself, your spouse, or	or		
	Health insurance		\$	0.00				
			·					
	Disability insurance		\$	0.00				
			\$ + \$					
	Disability insurance		· <del></del>	0.00	Copy total here=>	\$	0.00	
	Disability insurance Health savings account		+ \$	0.00	Copy total here=>	\$	0.00	
	Disability insurance Health savings account Total  Do you actually spend this		+ \$	0.00	Copy total here=>	\$	0.00	
26.	Disability insurance Health savings account  Total  Do you actually spend this one of the property of the prop	to the care of housel conable and necessary of your immediate fam	+ \$ \$ nold or family care and supp	0.00 0.00 0.00 members. Thort of an elder ole to pay for s	ne actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may			
	Disability insurance Health savings account  Total  Do you actually spend this in the savings account  No. How much do you have a continuing contributions continue to pay for the reasyour household or member include contributions to an account of the saving account of the savings account	to the care of housels conable and necessary of your immediate fam account of a qualified A violence. The reasona	\$	0.00  0.00  0.00  members. Thort of an elder le to pay for s 26 U.S.C. § 5 monthly expe	ne actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may		0.00	

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Case number (if known)

28.	rating expenses on						
	If you believe that you have home energy of 8, then fill in the excess amount of home en	costs that are more than the home energy conergy costs	sts include	d in expenses on line			
	You must give your case trustee document amount claimed is reasonable and necessary	the additional	\$_	0.00			
29.		dren who are younger than 18. The monthle pendent children who are younger than 18 y					
	You must give your case trustee document claimed is reasonable and necessary and r	ny the amount					
	* Subject to adjustment on 4/01/25, and ev	ery 3 years after that for cases begun on or a	after the da	te of adjustment.	\$	0.00	
30.	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance						
		ional allowance, go online using the link spe so be available at the bankruptcy clerk's offic		e separate			
	You must show that the additional amount	claimed is reasonable and necessary.			\$_	0.00	
31.	Continuing charitable contributions. The instruments to a religious or charitable organization	e amount that you will continue to contribute inization. 11 U.S.C. § 548(d)(3) and (4).	in the form	of cash or financial			
	Do not include any amount more than 15%	of your gross monthly income.			\$_	1,772.31	
32.	Add all of the additional expense deduc Add lines 25 through 31.	tions.			\$	1,772.31	
Ded	uctions for Debt Payment						
33.	For debts that are secured by an interest	in property that you own, including home	mortgage	es, vehicle			
	oans, and other secured debt, fill in lines						
	To calculate the total average monthly paym creditor in the 60 months after you file for ba	ent, add all amounts that are contractually d nkruptcy. Then divide by 60.	ue to each	secured			
	Mortgages on your home				Averag	ge monthly ent	
33a.	Copy line 9b here			=>	\$	0.00	
	Loans on your first two vehicles						
33b.	Copy line 13b here			=>	\$	260.78	
33c.					\$	0.00	
33d.							
Nam	ne of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes or insurance?			
		2012 Toyota Sienna 207000 miles		■ No			
	Location: 1073 Well Street NE, Townsend  Texas Dealer Solutions  GA 31331						
	rexas Dealer Solutions	GA 31331		⊔ Yes	\$	140.30	
	Texas Dealer Solutions	2015 Volkswagen Passat 153000 n		_	\$	140.30	
	U S Auto Finance, Inc.	2015 Volkswagen Passat 153000 n Location: 1073 Well Street NE, Tov		■ No		93.45	
		2015 Volkswagen Passat 153000 n		■ No □ Yes	\$ \$		
		2015 Volkswagen Passat 153000 n Location: 1073 Well Street NE, Tov		■ No □ Yes □ No	\$		
		2015 Volkswagen Passat 153000 n Location: 1073 Well Street NE, Tov		■ No □ Yes □ No	\$		
		2015 Volkswagen Passat 153000 n Location: 1073 Well Street NE, Tov		■ No □ Yes □ No □ Yes +	\$		
33e		2015 Volkswagen Passat 153000 n Location: 1073 Well Street NE, Tov GA 31331		■ No □ Yes □ No □ Yes +	\$		

**Robert Crowell** 

Debtor 1

**Robert Crowell** Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount  $\div 60 = \$$ -NONE-Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 15,000.00 ÷60 \$ 250.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 744.53 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances	\$	9,233.34	
Copy line 32, All of the additional expense deductions	\$	1,772.31	
Copy line 37, All of the deductions for debt payment	+\$	744.53	
Total deductions	\$	11,750.18	Copy total here=>

11,750.18

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Debtor 1 Robert Crowell Case number (if known)

Part 2:	Determine Yo	our Disposable Income Under 1	i U.S.C. § 1325(b)(	2)				
		rrent monthly income from line Current Monthly Income and C			l <u>.</u>		. \$	11,815.42
<b>chi</b> disa rec	Idren. The mont ability payments eived in accorda	ably necessary income you rece thly average of any child support p for a dependent child, reported in ance with applicable nonbankrupto bended for such child.	ayments, foster car Part I of Form 1220	er care payments, or 122C-1, that you tent reasonably			0.00	
em <sub>l</sub> in 1	ployer withheld f 1 U.S.C. § 541(l	retirement deductions. The more from wages as contributions for qub(7) plus all required repayments C. § 362(b)(19).	alified retirement pl	lans, as specified	d \$	s0	0.00	
42. <b>Tot</b>	al of all deduct	ions allowed under 11 U.S.C. § 7	<b>707(b)(2)(A).</b> Copy	line 38 here=	=> \$	11,750	.18_	
exp thei	enses and you l r expenses. You	cial circumstances. If special cirnave no reasonable alternative, do must give your case trustee a dedocumentation for the expenses.	escribe the special of	circumstances ar	nd			
Descri	be the special o	circumstances		Amount of exp	ense			
			\$					
-			*			_		
-			\$ \$			_		
-			<b>~</b>			_		
			Total \$	0.00		ppy re=> \$ 	0.00	
44. <b>Tot</b>	al adjustments	- Add lines 40 through 43.		=>	\$	11,750.18	Copy here=> -\$	11,750.18
45. <b>Cal</b>	culate your mo	nthly disposable income under	§ 1325(b)(2). Subt	ract line 44 from	line 3	9.	\$	65.24
Part 3:	Change in In	come or Expenses						
hav time you	re changed or ar e your case will l r filed your petition	or expenses. If the income in Force virtually certain to change after be open, fill in the information belon, check 122C-1 in the first column in when the increase occurred, a	the date you filed you. For example, if the name in the contract of the contra	our bankruptcy p the wages report e second columr	etitior ted ind n, exp	n and during the creased after		
Form	Line	Reason for change		Date of change	е	Increase or decrease?	Amount of ch	nange
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	C-2 C-1 C-2 C-1 C-1					☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Decrease	\$ \$ \$	
1220	-						· <del></del>	

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Debtor 1 Robert Crowell Case number (if known)

Part 4:	Sign Below
	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.  /s/ Robert Crowell  Robert Crowell
	Signature of Debtor 1
1	orgination of Postor 1

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:22-20300-MJK Doc#:1 Filed:09/05/22 Entered:09/05/22 16:43:26 Page:59 of 60 B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court** Southern District of Georgia

In	re <b>Rob</b> e	ert Crowel	ı				O	Case No.		
						Debtor(s)		Chapter	13	
		DIS	CLC	SURE OF CO	MPENSATI	ION OF AT	TORNEY	FOR DE	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:									
	For l	egal service	s, I ha	ave agreed to accept				\$	4,000.00	
	Prior	to the filing	g of th	nis statement I have re	ceived			\$	0.00	
	Bala	nce Due						\$	4,000.00	
2.	The source	e of the con	npens	ation paid to me was:						
	■ I	Debtor		Other (specify):						
3.	The source	e of compe	nsatio	n to be paid to me is:						
	■ I	Debtor		Other (specify):						
4.	■ I have	e not agreed	to sha	are the above-disclose	d compensation	with any other p	person unless	they are mem	bers and associa	ates of my law firm.
				the above-disclosed co together with a list of						my law firm. A
5.	In return	for the abov	e-disc	closed fee, I have agre	ed to render lega	al service for all	aspects of the	bankruptcy c	ease, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul>							and filing of		
6.		Represent	ation	tor(s), the above-discles of the debtors in a reary proceeding.	osed fee does no any discharge	t include the fol ability actions	llowing servic s, judicial lie	e: en avoidanc	es, relief from	stay actions or
					CERT	TIFICATION				
this		hat the foreg y proceeding		is a complete statemen	nt of any agreem	ent or arrangem	ent for payme	ent to me for r	epresentation of	the debtor(s) in
	Septembe	er 5, 2022				/s/ James B	3. Smith			
	Date					James B. Signature of A		1		
						James B. S	mith, Attorn	ey at Law, l	LC.	
						15618 U.S. I Townsend,				
						(912)832-23	95 Fax: (91			
						james@jbsi Name of law f		.com		

ROBERT CROWELL 1073 WELL STREET NE TOWNSEND GA 31331

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MID-ATLANTIC FINANCE COMPAN 4592 ULMERTON ROAD SUITE 200 CLEARWATER FL 33762

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MIDLAND FUNDING, LLC ATTN: BANKRUPTCY PO BOX 939069 SAN DIEGO CA 92193

1ST FRANKLIN FINANCIAL 95 ALTAMA CONNECTOR PO BOX 459 BRUNSWICK GA 31525

CREDIT COLLECTION SERVICES ATTN: BANKRUPTCY ATTN: BANKRUPTCY 725 CANTON ST NORWOOD MA 02062

MODEL FINANCE COMPANY 765 THE CITY DR. SOUTH ORANGE CA 92868

4TH FLOOR SANDY UT 84070

ACIMA CREDIT CREDIT ONE BANK NELSON CRUZ
9815 SOUTH MONROE STREET ATN: BANKRUPTCY DEPARTMENT ATTN: BANKRUPTCY PO BOX 98873 LAS VEGAS NV 89193

9535 FOREST LANE SUITE 114 DALLAS TX 75243

AES ATTN: BANKRUPTCY PO BOX 64378 ST. PAUL MN 55164

ATTN: BANKRUPTCY PO BOX 230609 MONTGOMERY AL 36123

HOLLOWAY CREDIT SOLUTIONS SECURITY CREDIT SERVICES ATTN: BANKRUPTCY PO BOX 1156 OXFORD MS 38655

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